



Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

Section 1

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

Information About You

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		Social Security Number
Address		() Daytime Phone
City	State	ZIP

Section 2

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Information About Your Account

☐ Checking ☐ Savings ☐ Individual ☐ Joint (If so, Complete Section 3) ☐ Trust Account *

Routing Number (nine digits)	Account Number
------------------------------	----------------

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution	() Branch Phone Number	
Address		
City	State	ZIP

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)
-----------------------------	-----------------------------	-------------------

Section 3

Information About Joint Account Holder (If applicable)

Name	Social Security Number or Date of Birth (mm/dd/yyyy)	
Address		
City	State	ZIP

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account.

Signature of Payee	Date (mm/dd/yyyy)
--------------------	-------------------

- ☐ I elect to view my statement online.** or
☐ I elect to receive my statement by mail.

PAIN: _____
(CalPERS Use Only)

Direct Deposit statements are available online.
** Don't have a User ID and password? Register online at www.calpers.ca.gov.

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716